



**Board of Directors:**

Dennis Deibel, Chairman  
Horace Harrod, Commissioner  
Clayton Stoess, Sr., Commissioner  
Greg Uligian, Commissioner  
Cynthia Vogt, Commissioner

**Executive Director/Chief Engineer:**  
Vince Bowlin, P.E.

NOV - 8 2007

November 2, 2007

Ms. Vickie L. Prather, Acting Supervisor  
Division of Water, KPDES Branch  
**Inventory & Data Management Section**  
Frankfort Office Park  
14 Reilly Road  
Frankfort, Kentucky 40601

Re: **KPDES No. : KY0029441**  
Green Valley Wastewater Treatment Plant  
Oldham County

Dear Ms. Prather:

Enclosed is a completed and signed application for renewal of the KPDES permit for the Green Valley wastewater treatment plant. If there are any questions concerning the application and information provided therein please do not hesitate to contact this office.

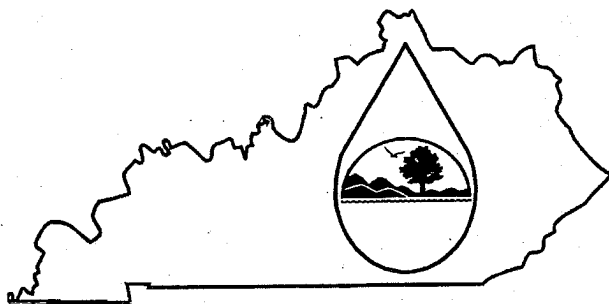
Sincerely,

Vince Bowlin, P.E.  
Executive Director

Cc: **OCSD Board**  
Louisville Regional Office w/enclosure

# KPDES FORM 1

AI: 3342



NOV - 8 2007

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0	0	2	9	4	4	1
A. Name of business, municipality, company, etc. requesting permit <b>OLDHAM COUNTY SEWER DISTRICT</b>									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: <b>GREEN VALLEY APARTMENTS</b>					Owner Name: <b>OLDHAM COUNTY SEWER DISTRICT</b>				
Facility Location Address (i.e. street, road, etc.): <b>301 LAKEWOOD DRIVE</b>					Mailing Street: <b>700 WEST JEFFERSON STREET</b>				
Facility Location City, State, Zip Code: <b>LAGRANGE KY 40031</b>					Mailing City, State, Zip Code: <b>LAGRANGE KY 40031</b>				
					Telephone Number: <b>502-225-9477</b>				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

**TREATMENT OF DOMESTIC WASTEWATER**

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	<b>4952</b>
Other SIC Codes:	

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: **OLDHAM** City where facility is located (if applicable):

C. Body of water receiving discharge:  
**UNNAMED TRIBUTARY @ MP.55 OF SOUTH FORK CURRY'S FORK @ MP 5.0**

D. Facility Site Latitude (degrees, minutes, seconds): **38° 22' 50"** Facility Site Longitude (degrees, minutes, seconds): **85° 21' 47"**

E. Method used to obtain latitude & longitude (see instructions): **USGS TOPOGRAPHIC MAP COORDINATES SMITHFIELD, KY**

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

ADAM SMITHER

Telephone Number:

502-225-9477

Operator Mailing Address (Street):

700 WEST JEFFERSON STREET

Operator Mailing Address (City, State, Zip Code):

LA GRANGE KY 40031

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

11

Certification Number:

11042

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility? N/A

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

DCSD

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

DMR Mailing Street:

DMR Mailing City, State, Zip Code:

DMR Official Telephone Number:

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

PUBLICLY OWNED TREATMENT WORKS

Filing Fee Enclosed:

NOT APPLICABLE

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

VINCENT BOWLIN, PE, EXECUTIVE DIRECTOR / CHIEF ENGINEER

TELEPHONE NUMBER (area code and number):

502-225-9477

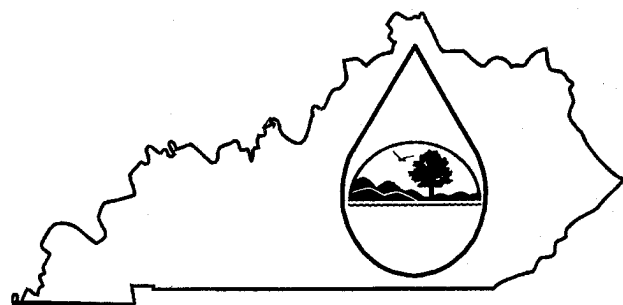
SIGNATURE

Vincent Bowlin

DATE:

Nov. 7, 2007

# KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE  
ELIMINATION SYSTEM  
NOV - 8 2007

## PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <b>GREEN VALLEY APARTMENTS</b>							
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <b>PLANT DESIGNED TO SERVE 176 APARTMENT UNITS @ 200 GPD/UNIT. (FEB 18, 1976 PRELIM. PLAN). THERE ARE CURRENTLY 107 APARTMENT UNITS AND EAGLE CREEK GOLF COURSE/COUNTRY CLUBHOUSE CONNECTED TO PLANT.</b>							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				0.040 MGD			

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	38	22	50	85	21	47	UNNAMED TRIBUTARY TO SOUTH FORK CURRY'S FORK
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS TOPOGRAPHIC MAP COORDINATES SMITHFIELD, KY			

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	DOMESTIC WASTEWATER	24 HRS	AERATION TANK	3-A
	FROM 107 APARTMENT	4 HRS	SETTLING TANK	1-U
	UNITS & CLUBHOUSE	30 MIN	CHLORINATION	2-F
		6,000 GAL.	SLUDGE HOLDING TANK	5-A

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment (NOT APPLICABLE) Name of lake:  
☐ Publicly-owned treatment works (POTW). Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

(NOT APPLICABLE)

<input type="checkbox"/> Antimony		<input type="checkbox"/> Copper		<input type="checkbox"/> Silver	
<input type="checkbox"/> Arsenic		<input type="checkbox"/> Lead		<input type="checkbox"/> Thallium	
<input type="checkbox"/> Beryllium		<input type="checkbox"/> Mercury		<input type="checkbox"/> Zinc	
<input type="checkbox"/> Cadmium		<input type="checkbox"/> Nickel		<input type="checkbox"/>	
<input type="checkbox"/> Chromium		<input type="checkbox"/> Selenium		<input type="checkbox"/>	

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	<i>NONE</i>	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	-------------	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: <i>NONE</i>	(If discharge is from an overflow point, the information below must be completed.)	
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	<i>NONE</i>
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)	
NAME	ACTUAL POPULATION SERVED
<i>GREEN VALLEY APARTMENTS (P.E.)</i>	<i>107 - (2 People per unit) = 214</i>
<i>EAGLE CREEK C.C. CLUBHOUSE (P.E.)</i>	<i>1 = 23</i>
<b>TOTAL POPULATION SERVED</b>	<i>108 = 237</i>

*connections*

*Population*

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

NOT APPLICABLE

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

A. Indicate results of analysis for pollutants listed below.

AUGUST 2007

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	6	3	5
TOTAL SUSPENDED SOLIDS	15	8.2	5
FECAL COLIFORM	20	11	5
TOTAL RESIDUAL CHLORINE	—	—	—
OIL AND GREASE	—	—	—
CHEMICAL OXYGEN DEMAND	—	—	—
TOTAL ORGANIC CARBON	—	—	—
AMMONIA	1	1	5
DISCHARGE FLOW	24,659 gpd	18,153 gpd	31
pH	7.7	7.58	5
TEMPERATURE (WINTER)	—	—	—
TEMPERATURE (SUMMER)	—	—	—

B. Frequency and duration of flow:

24/7

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

VINCENT BOWLIN, PE, EXECUTIVE DIRECTOR / CHIEF ENGINEER

502-725-9177

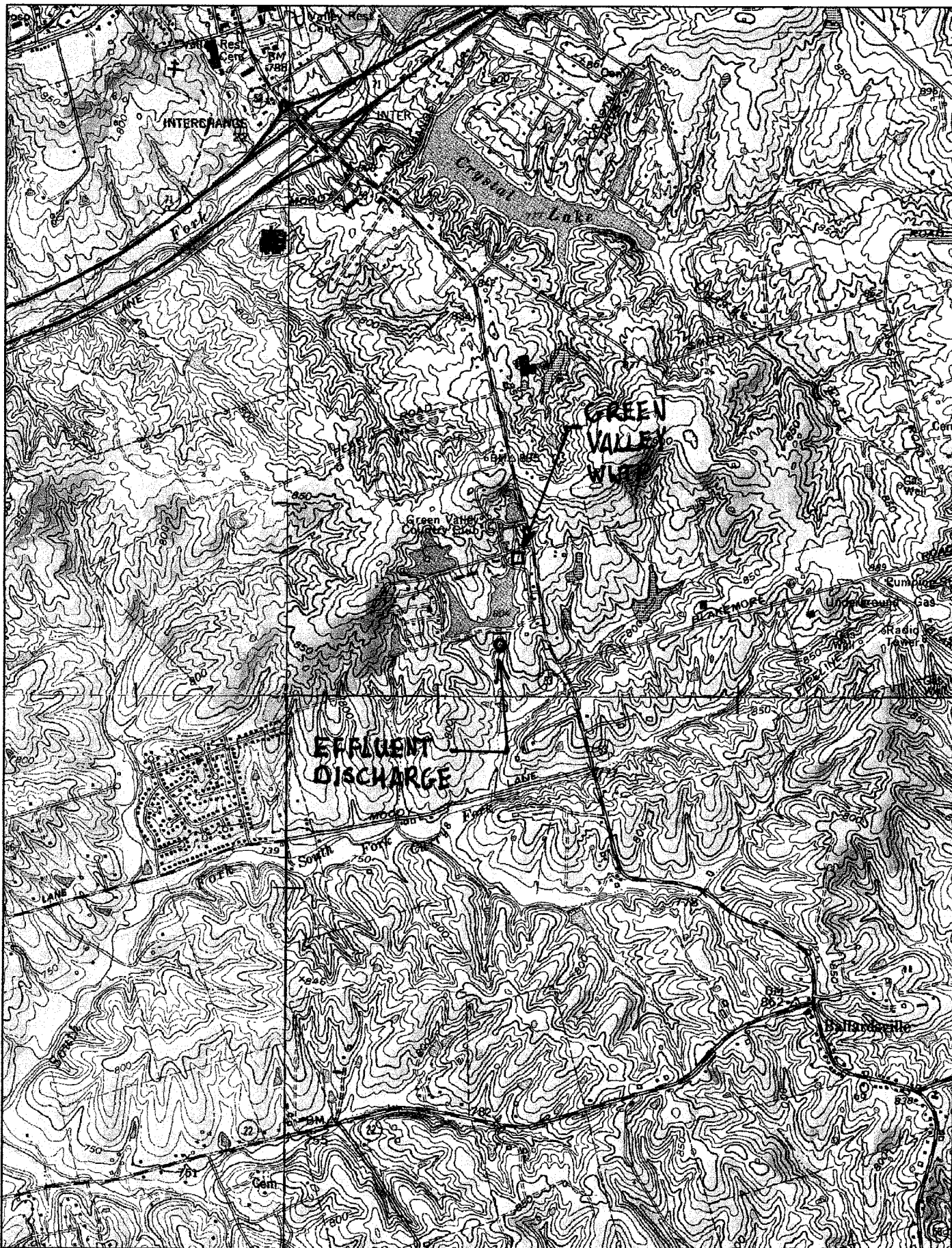
SIGNATURE

DATE

Vincent Bowlin

Nov. 7, 2007

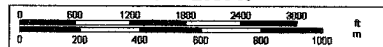




**DeLORME**

© 2002 DeLorme. 3-D TopoQuads ©. Data copyright of content owner.  
www.delorme.com

Scale 1 : 25,000  
1" = 2080 ft



TM  
N  
3.5°W